

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6		5				
7		5				
8		5				
9		5				
10		5				
11	1					
12		1				
13						
14						
15		4				
16		4				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	40					
TOTAL CLAIMS	42					

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						